



PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION

FORM B: Cargo Handling Equipment

SECTION 1 – APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

A. ORGANIZATION INFORMATION		
Organization, Company or Proprietor's Name (as it appears on Form W-9):		
Address:		
City:	State:	Zip Code:
Mailing Address (if different from above):		
City:	State:	Zip Code:
No. of employees:	Number of Diesel Cargo Handling Units:	
Fleet Size:	Total HP of Fleet:	
<i>*Attach documentation showing compliance with the appropriate CARB regulations. Freight facilities applying for CHE funding should provide certification of compliance with Diesel Off-road Online Reporting System (DOORS).</i>		
B. PRIMARY CONTACT INFORMATION		
First and Last Name:		Contact Title:
Phone Number:	Fax Number:	
Alternate Contact Number:	Email:	
C. CONTRACT SIGNING AUTHORITY INFORMATION (e.g., Equipment Owner)		
First and Last Name:		
Title:	Phone Number:	
If the above person is not the owner of the proposed project equipment, please specify the owner's name here:		
D. PROJECT BUDGET AND FUNDING REQUEST		
Total Project Cost:	Total Funding Request:	Funding request per unit:

Submit the original completed application (with all required supporting documents and signatures) along with **two (2) copies of the entire application package** (a total of 3 copies including the original application) via mail delivery, or in person to:

South Coast Air Quality Management District
21865 Copley Dr., Diamond Bar, CA 91765
Attn: Procurement / PA 2016-03

Application Deadline: March 31, 2016 by no later than 4pm

NOTE: Facsimile or email submittals **will not be accepted**.



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(THE INFORMATION BELOW IS REQUIRED FOR **EACH** PIECE OF EQUIPMENT.
FOR MULTIPLE UNITS YOU MAY PROVIDE AN EXCEL SPREADSHEET CONTAINING THE REQUIRED INFORMATION)

SECTION 2 – PROJECT INFORMATION

Project Type (Check One):

- ☐ RTG Crane Conversion/Replacement with Zero-Emission Power System
- ☐ Yard Truck Conversion to Electric Power
- ☐ Yard Truck Replacement (Electric or Fuel Cell)
- ☐ Forklift Replacement (Electric or Fuel Cell), capacity of 3,000-12,000 lbs.
- ☐ Lift Replacement (Electric or Fuel Cell), capacity of greater than 12,000 lbs.
- ☐ Multi-Unit Battery Charger (Requires purchase of 3 eligible yard trucks)

Applicant Type: (Check one):

- ☐ Terminal Owner
- ☐ Terminal Lessee
- ☐ Port Authority
- ☐ Rail Yard
- ☐ Freight Facility
- ☐ Other, please specify: _____

List project partners and match funding sources (include documentation of match funding availability):

Port, Rail Yard, or Freight Facility where the project equipment is located:

Terminal name/identifier and/or location within the facility (RTG cranes only):

Identify the trade corridors in which the equipment is routinely operated:

Equipment Registered Owner and Operator, if different from applicant:

Specify Diesel Off-road Online Reporting System (DOORS) id, if applicable:

Equipment (RTG, yard truck, or lift) identification number, VIN, or serial number (for each unit):

Equipment (RTG, yard truck, or lift) make, model and model year (for each unit):

Annual hours of operation (per unit): _____

Attach documentation that supports this operation covering the most recent two-year period.

Title this attachment “Section 2 – CHE Activity Documentation”.

**PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION****FORM B: Cargo Handling Equipment****FOR EACH EXISTING UNIT/EQUIPMENT:**

Engine Make:	Engine Model:
Engine Model Year:	Horsepower Rating:
Engine Serial Number:	Fuel Type:
Engine Type (Yard Trucks/RTG Cranes): <input type="checkbox"/> Off-Road <input type="checkbox"/> On-Road	Engine Family Name (All Lifts):
Engine Emission Certification Standard or Retrofit Verification Level (include Emission Control Group name) (All Lifts):	
Do you request a direct payment to the vendor? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 3 – PROPOSED EQUIPMENT PROJECT INFORMATION

Describe the RTG electrification technology (if applicable):

For Each Proposed Zero Emission RTG or Yard Truck:

Equipment Make:	Equipment Model:
Equipment Model Year:	Horsepower/Power Rating:
Estimated Annual Hours of Operation:	
Estimated Eligible Costs:	

For Each Proposed Multi-Unit Battery Charger:

Equipment Manufacturer:	Equipment Power Rating (voltage, amperage, wattage, efficiency):
Equipment Serial Number:	Number of Charging Ports:
Equipment Recharge Rate:	
Estimated Annual Truck Connections to Charger:	Estimated Average Connection Time to Charger:
Anticipated Cost of Eligible Equipment:	



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For Each Lift Project:

FORKLIFT, TOP PICK, SIDE HANDLER, OR REACH STACKER INFORMATION	
Equipment Make:	Equipment Model:
Equipment Model Year:	Equipment Lift Capacity:
Identification Number or Vehicle Identification Number (VIN):	
Diesel Engine Make:	Diesel Engine Model:
Diesel Engine Model Year:	Diesel Engine Horsepower:
Diesel Engine Family Name:	Diesel Engine Serial Number:
BATTERY CHARGER INFORMATION	
Equipment Manufacturer:	Equipment Power Rating (voltage, amperage, wattage, efficiency):
Equipment Serial Number:	Number of Charging Ports:
Equipment Location:	
Equipment Recharge Rate:	Predicted Activity:

SECTION 4 – DETAILED PROJECT SCOPE AND ADDITIONAL REQUIRED ATTACHMENTS

Attach a detailed project scope of work and project schedule that covers, at a minimum, the following key project milestones:

- Preliminary Design (if applicable)
- Environmental Clearance (if applicable)
- Final Design (if applicable)
- Equipment Order
- Equipment acquisition/installation
- Commissioning (if applicable)
- Post-Inspection – project completion
- Submittal of invoice(s) to AQMD for reimbursement.

For applicants subject to CARB's Cargo Handling Equipment regulation, attach a copy of the reports required to be submitted to the CARB by January 31st each year in order to comply with the reporting requirements for the Regulation for Mobile Cargo Handling Equipment at Ports and Intermodal Rail Yards.